

Meningococcal Disease Fact Sheet

Recently, two cases of meningococcal infection have occurred in the Wuerzburg/Schweinfurt communities and an additional case in the Spangdahlem community. A Soldier from Kitzingen has died of complications stemming from a severe meningococcal blood infection and a family member from Schweinfurt is critically ill with spinal meningitis. The meningococcal bacteria in all three cases was *Neisseria meningitidis*. This fact sheet provides information to alleviate concerns, answer questions, and prevent further incidents.

What is Neisseria meningitidis?

Neisseria meningitidis is a type of bacteria that may be found in healthy people's throats. In some communities as many as one in five people may carry this bacteria without symptoms, though they usually only carry the bacteria for short periods.

What are the symptoms of Meningococcal Disease?

Symptoms of meningococcal infection typically develop 2-10 days after exposure. Only very rarely does this bacteria cause serious illness. **Individuals with these symptoms should be seen by a health care provider right away.** The primary disease processes caused by *N. meningitidis* are:

- 1. Meningococcemia (blood-borne bacterial infection):** Onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Cool and clammy skin or leg and feet pain may accompany above symptoms.
- 2. Meningococcal meningitis (infection of the spinal cord lining):** Sudden onset of high fever, stiff neck and/or shoulders, headache, nausea, vomiting, and/or mental confusion and sleepiness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual.

How is this bacteria spread?

N. meningitidis is not a highly contagious organism. It is spread through respiratory means (sneeze, cough), but it can also be spread through the saliva. Close contacts of people who have meningococcal disease include those who have had prolonged physical contact (in a room together greater than 4 hours), or those who might have kissed, shared eating utensils, a cigarette, or a water bottle with someone who is infected.

Should close contacts be treated?

Yes, close contacts of infected people should be treated with a dose of antibiotics as soon as possible to prevent the remote possibility of bacterial transmission.

Where can I get more information?

- Your Health care provider is an ideal source for information this disease
- DSN 423-3321 Civilian 065 44 3321
- <http://www.hqusareur.army.mil/medalert/>